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Notice of Independent Review Decision

DATE OF REVIEW: 06/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

5-4-12 appeal Repeat lumbar epidural steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
REVIEW OUTCOME:

Board Certified Physical Medicine and Rehabilitation and Board Certified Pain Medicine**.**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Includes initial determination dated 04/17/2012 and appeal decision determination dated 05/11/2012; clinical notes dated 09/11/2008, 11/18/2008, 03/17/2009, 05/19/2009, 07/21/2009, 07/28/2009, 08/18/2009, 12/01/2009, 04/06/2010, 08/19/2010, 12/14/2010, 12/27/2010, 02/22/2011, 06/16/2011, 11/17/2011, 12/13/2011, 01/12/2012, 02/16/2012, and 04/05/2012; procedure notes dated 09/24/2008, 07/15/2009, and 03/14/2012; CT of the lumbar spine dated 11/14/2001; CT of the lumbar spine dated 02/07/2012; peer review dated 04/23/2012; Second orthopedic consultation/Designated Doctor Exam dated 05/21/2012.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, this patient had CT of the lumbar spine. This examination revealed the patient to be status post right L4-5 and L5-S1 laminectomy with apparent right paracentral calcified disc protrusion or spurring at the L5-S1 level producing narrowing

of the right neural foramen. There was degenerative disc disease at L4-5 with a vacuum disc phenomena and mild compression of the spinal sac. There was apparent calcification of the right ligamentum flavum at the L2-3 level with mild compression of the spinal sac and mild spinal canal stenosis. Exam was read by MD. On 09/11/2008, this patient was seen in clinic. He had low back pain and lower extremity pain. He reported increased muscle spasms. His spinal cord stimulator system was analyzed and appeared to be functioning appropriately. On 09/24/2008, this patient underwent myoneural injections x6 sites under intervenous sedation. This was for low back pain and myofascial pain syndrome. On 11/18/2008, this patient returned to clinic with minimal tenderness to the lumbar and gluteal regions. His spinal cord stimulator was analyzed and appeared to be functioning well. On 05/19/2008, this patient returned to clinic. He stated his spinal cord stimulator was no longer working and the battery had reached the end of its life. He stated his pain had returned since the stimulator had been off. He had complaints of burning, shooting, and neuropathic pain to the lower extremities and low back. This was the same pain reported prior to implantation of the system. The spinal cord stimulator was analyzed and indicated the battery of the spinal cord stimulator had matched its end of life. On 07/15/2009, this patient had replacement of internalized pulse generator of the spinal cord stimulator system with a rechargeable spinal cord stimulator battery. On 07/21/2009, this patient returned to clinic. His spinal cord stimulator was analyzed and appeared to be functioning well. On 04/06/2010, this patient was seen back in clinic. He ambulated with a fairly normal gait. Range of motion was intact. There was some tenderness to the lumbar and gluteal regions. There was no evidence of infection or inflammation. His spinal cord stimulator was analyzed and it appeared to be functioning appropriately. On 02/22/2011, this patient returned to clinic. His gait was antalgic and there was some tenderness to the quadratus lumborum bilaterally. There was tenderness to the gluteus maximus bilaterally and gluteus medius bilaterally. He had a twitch response as well as referred pain noted on exam. His spinal cord stimulator was analyzed and appeared to be functioning well. A recharger for his system was recommended at that time. On 02/07/2012, this patient had CT of the lumbar spine. This showed the patient to have an L5-S1 bilateral laminectomy, discectomy, and intervertebral body fusion graft with posterior elements of the bony fusion and placement of pedicle screws and rods at L5 and S1. There appeared to be soft tissue density within the canal anteriorly at L5-S1, which could cause impingement. This was a probable leptomeningeal scar. At L4-5, there was marked loss of disc height and a disc broad-based bulge with impingement of the bilateral L4 and L5 nerve roots. At L3-4, there was a broad-based disc herniation with canal neural foraminal compromise and associated impingement of the L3 and L4 nerve roots bilaterally. At L2-3, there was a right lateral disc herniation with impingement of the right exiting L2 and right traversing L3 nerve roots. At the L1-2, there was a broad-based disc bulge with mild impingement of the exiting L1 nerve roots bilaterally. There was a dorsal spinal neurostimulator wire which appeared to enter the dorsal lumbar spine at T12-L1 and traveled cephalad. On 03/14/2012, this patient was taken to surgery for lumbar intraspinal myelography without auripuncture under fluoroscopic guidance and analgesic injection in the form of myoneural injections x6 sites under IV sedation was performed. On 04/05/2012, this patient was seen in clinic. At that time, he noted significant improvement of his pain rating 70% improvement with the last epidural injection. He noted improvement with daily activity. On exam, his gait was slightly

antalgic. He had improved range of motion of the lumbar spine but some limitations on extremes. He admitted to a decreased sensation to light touch to the right lower extremity. He was recommended for repeat lumbar intraspinal injection with trigger point injections to the paraspinal muscles under fluoroscopic imaging. On 04/23/2012, a peer review was performed indicating that the current request for epidural steroid injection was not considered reasonable. On 05/21/2012, this patient had designated doctor examination and he was placed at maximum medical improvement of 03/19/2012. He was given a 0% for cervical spine, 0% for his lumbar spine and 7% for his right shoulder which resulted in a 7% whole person impairment rating. However, he had pre-existing cervical and lumbar conditions. The right shoulder and right knee were degenerative and involved. As such, 0% for the cervical spine was combined with 0% for the lumbar spine and 7% for the right shoulder and 1% for the left knee resulting in an 8% whole person impairment rating or the maximum medical improvement of 05/21/2012.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request was for a repeat epidural steroid injection. On 04/17/2012, the request was non-certified. Rationale was that the patient already had a spinal cord stimulator and this should be addressing his radicular symptoms and epidural steroid injections only provide temporary pain relief if any. It was noted it was too soon to do another epidural steroid injection as it had not been at least 6 to 8 weeks since the previous injection. Therefore, the request was non-certified. The appeal decision dated 05/11/2012 also indicated the request was non-certified. It was noted that the epidural steroid injection was performed on 03/14/2012 and re-evaluation was performed on 04/05/2012, three weeks later. No new records had been presented since that time. It was also indicated he was to have undergone L5-S1 decompression, laminectomy, and fusion with placement of instrumentation which apparently resulted in developing post laminectomy syndrome, for which the administration of the intraspinal corticosteroids has not been shown to provide clinically significant therapeutic benefit for most patients with failed back syndrome and back surgery and post laminectomy syndrome. Therefore, there is insufficient evidence to support a reversal of the initial non-certification and appeal was non-certified. The medical records submitted for this review also indicate this patient has a spinal cord stimulator in place and is working. The clinical note dated 04/05/2012 indicates that the patient does admit to decreased sensation to light touch to the right lower extremity. However, the medical records indicate that he underwent injection on 03/14/2012 and was seen on 04/05/2012 and the repeat injection was requested at that time. There was not enough time between the injection of 03/14/2012 and the request for the repeat injection on 04/05/2012 to demonstrate effectiveness of the procedure or to be considered reasonable under guidelines. Additionally, the patient is diagnosed with post laminectomy syndrome and factors that are shown to decrease success including previous back surgery. As such, the original decision and the appeal decision are upheld and the request is non-certified.

References: Official Disability Guidelines, Low Back Chapter, Online Version
Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**